



Voter #

Party: REP DEM

Gave Mail

CITY OF DOVER, NEW HAMPSHIRE

APPLICATION

**OFFICIAL PRESIDENTIAL PRIMARY ABSENTEE BALLOT
JANUARY 10, 2012**

I, _____, hereby apply for an official absentee ballot.
(Please Print)

I am a duly qualified voter, residing at _____ and entitled
(Street and number)

to vote in Ward _____ in the City of Dover. I am requesting a _____ ballot.
(Party)

Reason for Absentee Ballot Request (Check One):

_____ Physical Disability _____ Religious Observance
_____ Absence from City on Election Day
_____ Employment / Commuter

(Signature of voter) *REQUIRED*

Mail ballot to: _____

**RETURN BALLOT TO: Dover City Clerk
288 Central Avenue
Dover, NH 03820-4169**

(603) 516-6021
(603) 516-6666 FAX